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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number

Filing Date

First Named Inventor

Group Art Unit

Examiner Name

Attorney Docket Number

Application Number

OR/363 372

TAG WAR

To: Assistant Commissioner for Patents Washington, DC 20231 I hereby apply to withdraw as attorney or agent for the above identified application. The reasons for this request are: All attorneys and agents of record in this case are no longer associated with the Frohwitter Law Firm. Due to conflicts of interest and various other reasons, the attorneys and agents are unable to continue representation. All attorneys and agents request withdrawal. 1. The correspondence address is NOT affected by this withdrawal. 2. XX Change the correspondence address and direct all future correspondence to: CORRESPONDENCE ADDRESS Place Customer Number Customer Number Bar Code Label here OR Firm or Ichiro Watanabe Individual Name Hitachi America Ltd. **Address** Intellectual Property Office Address 1101 Wilson Blvd. State Suite 2000 ZIP City Country Arlington VA 22209 Telephone 703 528 2773 Fax 703 528 8480 This request is enclosed in triplicate. Name Signature Date 08/16/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

NOTE: Withdrawal is effective when approved rather than when received.